

**Application Data Sheet**  
**Application Information**

<b>Application number::</b>	Unknown
<b>Filing Date::</b>	Herewith
<b>Application Type::</b>	Regular
<b>Subject Matter::</b>	Utility
<b>Suggested classification::</b>	
<b>Suggested Group Art Unit::</b>	
<b>CD-ROM or CD-R?::</b>	No
<b>Sequence submission?::</b>	No
<b>Title::</b>	SYSTEMS AND METHODS FOR FREEFORM ANNOTATIONS
<b>Attorney Docket Number::</b>	FX/A3020
<b>Request for Early Publication?::</b>	No
<b>Request for Non-Publication?::</b>	No
<b>Suggested Drawing Figure::</b>	1
<b>Total Drawing Sheets::</b>	7
<b>Small Entity?::</b>	No
<b>Petition included?::</b>	No
<b>Licensed US Govt. Agency::</b>	No
<b>Secrecy Order in Parent Appl.?::</b>	No

**Applicant Information**

<b>Applicant Authority Type::</b>	Inventor
<b>Primary Citizenship Country::</b>	US
<b>Status::</b>	Full Capacity
<b>Given Name::</b>	Laurent

**Middle Name::**  
**Family Name::** Denoue  
**Name Suffix::**  
**City of Residence::** Palo Alto  
**State or Province of Residence::** CA  
**Country of Residence::** US  
**Street of mailing address::** 978 North California Avenue  
**City of mailing address::** Palo Alto  
**State or Province of mailing address::** CA  
**Country of mailing address::** US  
**Postal or Zip Code of mailing address::** 94303

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** Gene  
**Middle Name::**  
**Family Name::** Golovchinsky  
**Name Suffix::**  
**City of Residence::** Palo Alto  
**State or Province of Residence::** CA  
**Country of Residence::** US  
**Street of mailing address::** 4250 El Camino Real, #327  
**City of mailing address::** Palo Alto  
**State or Province of mailing address::** CA  
**Country of mailing address::** US  
**Postal or Zip Code of mailing address::** 94306

### **Correspondence Information**

**Correspondence Customer Number::** 23910  
**Phone number::** (415) 362-3800  
**Fax Number::** (415) 362-2928  
**Email address::** dxue@fdml.com

### **Representative Information**

**Representative Customer Number::** 23910

### **Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
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### **Foreign Priority Information**

<b>Country::</b>	<b>Application Number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>

### **Assignee Information**

**Assignee Name::**  
**Street of mailing address::**  
**City of mailing address::**  
**State or Province of mailing address::**  
**Country of mailing address::**  
**Postal or Zip Code of mailing address::**